

**LOUISIANA MOTOR FUELS UNDERGROUND STORAGE TANK TRUST FUND
ELIGIBILITY DETERMINATION APPLICATION
(January 1, 2002)**

PART 1

SITE/OWNER INFORMATION

Please supply the following information on all underground storage tank systems that have existed at the site.

A. CURRENT SITE/OWNER INFORMATION

Facility Identification No.:			
Agency Interest No.:			
Owner Name:			
Owner No.:			
Site Name:			
Site Address (Physical, not P.O. Box):			
Site City:			
Site Parish:			

B. PREVIOUS SITE/OWNER INFORMATION

List below the names of previous site owners dating back to May 5, 1986.

Site/Owner Name:	Dates of Ownership (beginning/ending):

Please return form to: Department of Environmental Quality
Financial Services/Trust Fund Management Section
P.O. Box 82231
Baton Rouge, LA 70884

If you have any questions, please call (225) 765-0821.

PART 2

RELEASE INFORMATION

If necessary, this form may be duplicated to accommodate additional releases.

A. CURRENT RELEASE

Date of Release:			
Substance (s) Released:			
Date Release Reported to Louisiana Department of Environmental Quality:			
Incident No.:			
Description of Release Source:			

B. PREVIOUS RELEASE HISTORY

Date of Release:			
Substance (s) Released:			
Date Release Reported to Louisiana Department of Environmental Quality:			
Incident No.:			
Description of Release Source:			
Action Taken to Remediate Release:			
Date No Further Action Letter Issued:			

PART 3

TANK SPECIFICATIONS

Complete for all previous and existing tanks at this location. If not applicable, indicate with N/A. **Do not leave blank.** If any questions are left unanswered, form will be returned. If necessary, this form may be duplicated to accommodate the number of tanks at the site.

A. TANK INFORMATION

		Tank No.	Tank No.	Tank No.	Tank No.
1. Department of Environmental Quality issued tank no.					
2. Substance stored in tank					
3. Total capacity of tank (gallons)					
4. Date installed					
5. Date of initial registration					
6. Date operation began					
7. Is tank currently in use? (yes or no)					
8. If no in #7 above, indicate date tank out-of-service					
9. Date of temporary closure					
10. Type of tank construction					
11. Type of piping system	metal or fiberglass				
	pressurized or suction				
12. Date installed and type of corrosion protection (tank)	Date				
	Type				
13. Date installed and type of spill/over fill protection	Date				
	Type				
14. Date installed and type of leak/release detection for piping. If tightness test used, indicate last date tightness test performed	Date				
	Type				
15. Date installed and type of leak/release detection for tanks. If tightness test used, indicate last date tightness test performed	Date				
	Type				
16. Date of permanent closure		Date			

PART 4

OWNER, OPERATOR, OR RESPONSIBLE PARTY CERTIFICATION AFFIDAVIT

I, the undersigned, certify under penalty of law that this document and all attachments were prepared under my direction or supervision. I do solemnly declare and affirm, under the penalties of law that the information contained herein is true and accurate to the best of my knowledge. I understand that I agree to return to the Louisiana Department of Environmental Quality, upon its demand, the entire amount received or any lesser amount that the Department considers appropriate if I misrepresented or omitted any fact relevant to the eligibility determinations made by the Department.

A. Site Owner, Operator, Responsible Party (Printed Name):			
B. Name of person designated to sign for the owner, operator, or responsible party (Printed Name):			
C. Signature of person designated to sign for the owner, operator, or responsible party:			
D. Title:		E. Date:	

Before me, the undersigned notary public, came and appeared _____ (**please print or type the name shown in C above**), who, being known to me, did execute the foregoing certification affidavit in my presence, and who, being duly sworn, did state under oath or affirmation that he/she executed said document for the purpose expressed therein.

WITNESS my hand and official seal this _____ day of _____, _____.

Notary Public

My commission expires _____

State of _____ County or Parish of _____

PART 5

ADDITIONAL INFORMATION, FORMS, AND REQUIREMENTS

1. Copy of the Release Notification Form(s) prepared by the Department of Environmental Quality's Regional Staff for releases occurring prior to October 31, 2000.
2. Copy of initial registration form(s).
3. Copy of all amended registration form(s).
4. Certificates of Registration dated from 1996 through the present.
5. Closure/Assessment form or closure report, if applicable.
6. If the release occurred between July 15, 1992 and June 15, 1995, indicate the number of tanks owned by the responsible party at the time of the incident.
7. If the release is new or used oil, provide cancelled checks showing payment of the \$275 annual trust fund fee from fiscal year 1992 to the present.